

**Department of Mental Health, Mental Retardation,
& Substance Abuse Services**

Adult Services Licensing Forms

1. ☐ Abuse/Neglect Reporting Form-§160.C.1
 - ☐ Date/Time of allegation
 - ☐ Name
 - ☐ Nature of allegation of abuse, neglect, or exploitation
 - ☐ Type of abuse;
 - ☐ Whether the act resulted in physical or psychological injury
 - ☐ Staff involved
2. ☐ Financial Information- expenditures and disbursement of Client's funds-§240.A
 - ☐ Staff involved
 - ☐ Client involved
 - ☐ Amount of funds
 - ☐ Date
 - ☐ Purpose
3. ☐ Staff Orientation Form for Employees, Contractors, Volunteers and Students -§440
 - ☐ Objectives and philosophy of the provider;
 - ☐ Confidentiality
 - ☐ Human rights regulations
 - ☐ Applicable personnel policies;
 - ☐ Emergency preparedness procedures;
 - ☐ Infection control practices and measures; and
 - ☐ Other policies and procedures that apply to specific positions and specific duties and responsibilities.
4. ☐ Staff Training and Development Form -§450
 - ☐ Retraining in ER preparedness,
 - ☐ Human Rights,
 - ☐ Behavior management
 - ☐ CPR/First Aid
 - ☐ Medication administration
5. ☐ Performance Evaluation Form-§480
 - ☐ Developmental goals
 - ☐ Training needs
6. ☐ Grievance Procedure Form-§490
7. ☐ Falls Assessment -§520.E
 - ☐ Have a history of falls
 - ☐ Are experiencing agitation or delirium;
 - ☐ Are on medications, which may cause drowsiness
 - ☐ Have a history of Hypotension
 - ☐ Impaired mobility,
 - ☐ Impaired vision,
 - ☐ History of low or unstable blood sugar,
 - ☐ Need frequent toileting,
 - ☐ Are intoxicated, or withdrawing from alcohol or other drugs, and
 - ☐ Have an impaired mental status.

8. ☐ Facility Inspection Checklist Form-§520.C

- ☐ Smoke detectors
- ☐ Fire extinguishers
- ☐ ER lighting
- ☐ First Aid Kit
- ☐ Needed repairs
- ☐ Extension cords
- ☐ Outside grounds
- ☐ Outside lighting
- ☐ Building exterior
- ☐ Floors
- ☐ Restrooms
- ☐ Cleanliness
- ☐ Safety hazards
- ☐ Washer/dryer
- ☐ Furniture
- ☐ Refrigerator/freezer
- ☐ Windows/screens
- ☐ Locks
- ☐ Laundry supplies
- ☐ Personal hygiene supplies
- ☐ Emergency food/water
- ☐ OSHA Kit
- ☐ Security alarms

9. ☐ Fire Safety Drills Form-§530.6

- ☐ Date/Shift/Time
- ☐ Staff participating
- ☐ Number of Clients
- ☐ Location of Fire
- ☐ Time started; time finished
- ☐ Total time
- ☐ Head count
- ☐ Problems noted
- ☐ Dated/signed

10. ☐ Emergency Preparedness Numbers Posted-§540.B

- ☐ Fire
- ☐ Police
- ☐ Poison control
- ☐ Administrator
- ☐ Nearest hospital,
- ☐ Ambulance service,
- ☐ Rescue squad and
- ☐ Other trained medical personnel

11. ☐ Therapies- Individual/Group-§580.C. (2)

- ☐ Date
- ☐ Time
- ☐ Format
- ☐ Staff signature

12. ☐ Daily Schedule of Services-§580.B

13. ☐ Daily Nutrition Monitoring Record§ 600.B

14. ☐ Client Screening§640

- ☐ Date of initial contact
- ☐ Name, age, and gender of the individual
- ☐ Address and phone number, if applicable
- ☐ Presenting needs or situation to include:
 - ☐ Psychiatric
 - ☐ Medical problems
 - ☐ Current medications
 - ☐ History of medical care
- ☐ Name of screening employee or contractor
- ☐ Method of screening
- ☐ Screening recommendation
- ☐ Disposition of individual.

15. ☐ Assessment-§650

- ☐ Onset/duration of problems
- ☐ Social/behavioral/developmental/family history
- ☐ Employment/vocation/educational background
- ☐ Previous interventions/outcomes
- ☐ Financial resources and benefits
- ☐ Health history and current medical care needs
- ☐ Legal status
- ☐ Daily living skills
- ☐ Social/family supports
- ☐ Housing arrangements
- ☐ Ability to access services

16. ☐ Sample Quarterly Progress Notes-§660.H

- ☐ Client's progress toward meeting plan objectives
- ☐ Family involvement
- ☐ Continuing needs
- ☐ Progress toward discharge
- ☐ Status of discharge planning
- ☐ Revisions, if any
- ☐ Documentation that Client, and/or LAR are participants in developing the plan

17. ☐ Sample ISP-§660 & 670

- ☐ A summary or reference to the assessment
- ☐ Goals and measurable objectives for addressing each identified need
- ☐ The services and supports and frequency of service to accomplish the goals and objectives
- ☐ Target dates for accomplishment of goals and objectives
- ☐ Estimated duration of service plan
- ☐ Discharge plan, where applicable
- ☐ The employees or contractors responsible for coordination and integration of services

18. ☐ Sample Daily Progress Notes-§680

- ☐ Date
- ☐ Time
- ☐ Format
- ☐ Staff signature

19. ☐ Client Orientation Form-§690
- ☐ The mission of the provider
 - ☐ Confidentiality practices for individuals receiving services
 - ☐ Human rights and how to report violations
 - ☐ Participation in treatment and discharge planning
 - ☐ Fire safety and emergency preparedness procedures
 - ☐ The grievance procedure
 - ☐ Service guidelines
 - ☐ Physical plant or building lay-out
 - ☐ Hours and days of operation
 - ☐ Availability of after-hours service
20. ☐ Crisis-Intervention§710
- ☐ Date and time
 - ☐ Nature of crisis or emergency
 - ☐ Name of individual
 - ☐ Precipitating factors
 - ☐ Interventions/treatment provided
 - ☐ Employees or contractors involved
 - ☐ Outcome
21. ☐ Health-§730
- ☐ Allergies
 - ☐ Recent physical complaints & medical conditions
 - ☐ Chronic conditions
 - ☐ Communicable diseases
 - ☐ Handicaps & restrictions, if any
 - ☐ Past serious illness, injuries & hospitalizations
 - ☐ Past serious illness, injuries & hospitalizations of parents & siblings
 - ☐ Current & past medications
 - ☐ Current & past substance abuse history
 - ☐ Immunizations
 - ☐ Communication problems
 - ☐ Sexual health & reproductive history
22. ☐ Client Physical Examination Form-§740
- ☐ General physical condition (history and physical)
 - ☐ Evaluation for communicable diseases
 - ☐ Recommendations for further diagnostic tests and treatment, if appropriate
 - ☐ Other examinations indicated, if appropriate
 - ☐ The date of examination and signature of a qualified practitioner
23. ☐ Monitoring Behavior Management- §800.A (5)
24. ☐ Seclusion and Restraint documentation §830
- ☐ Physician's order
 - ☐ Date and time
 - ☐ Employees or contractors involved
 - ☐ Circumstances and reasons for use
 - ☐ Other behavior management techniques attempted
 - ☐ Duration
 - ☐ Type of technique used
 - ☐ Outcomes, including documentation of debriefing

25. ☐ ER Medical Information §750
- ☐ The name, address, and telephone number of: The individual's physician
 - ☐ The name, address, and telephone number of A relative, legally authorized representative, or
 - ☐ The name, address, and telephone number of or other person to be notified
 - ☐ Medical insurance company name and policy
 - ☐ Currently prescribed medications and over-the-counter medications used by the individual
 - ☐ Medication and food allergies
 - ☐ History of substance abuse
 - ☐ Significant medical problems
 - ☐ Significant communication problems
 - ☐ Advance directive, if one exists.
26. ☐ Transfer Form-§850
- ☐ The originating service
 - ☐ The destination service
 - ☐ Reason for transfer
 - ☐ Current psychiatric and medical condition of the individual
 - ☐ Updated progress on meeting the goals and objectives of the ISP
 - ☐ Medications and dosages in use
 - ☐ Transfer date
 - ☐ Signature of employee or contractor responsible for preparing the transfer summary
27. ☐ Discharge Form-§860
- ☐ Reason for admission and discharge
 - ☐ Individual's participation in discharge planning
 - ☐ Individual's level of functioning or functional limitations
 - ☐ Recommendations on procedures, or referrals, and the status, and arrangements for future services
 - ☐ Progress made achieving the goals and objectives identified in the individualized services plan
 - ☐ Discharge date
 - ☐ Discharge medications, if applicable
 - ☐ Date the discharge summary was actually written/documented
 - ☐ Documentation that resident, placing agency & LAR are participants in developing the plan
 - ☐ Signature of person who prepared summary
28. ☐ Client Face Sheet Form -§890.A
- ☐ Identification number unique for the individual
 - ☐ Name of individual
 - ☐ Current residence, if known
 - ☐ Social security number
 - ☐ Gender
 - ☐ Marital status
 - ☐ Date of birth
 - ☐ Name of legal guardian or authorized representative
 - ☐ Name, address, and telephone number for emergency contact
 - ☐ Adjudicated legal incompetency or legal incapacity
 - ☐ Date of admission to service
29. ☐ Record Review Form-§920
- ☐ Addresses personnel records
 - ☐ Addresses resident records
 - ☐ MAR's
 - ☐ Staff completing the review
 - ☐ Follow-up needed